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CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF MISSISSIPPI

Debte	Or: Elmira Strickland	SSN: XXX-XX- 241	7 CASE NO.	
Joint Debtor:		SSN: XXX-XX	Median Inc	ome: Above 🗸 Below
Addre	ess: 4676 Highway 4 East			
	Holly Springs, MS 38635			
	may be confirmed. The			n to be paid under any plan must be provided for in this
The	MENT AND LENGTH OF PL plan period shall be for a pe ne debtor(s), or less than 60	eriod of60 mo		n 36 months for below median
(A)	chapter 13 trustee. Unle to Debtor's employer at the	ess otherwise ordered by	the Court, an Order dire	veekly, or bi-weekly) to the ecting payment shall be issued
(B)		e. Unless otherwise orde er at the following addres	red by the Court, an Ord	,
Filed Inter Missis Other	claims which are not disallow nal Revenue Service: \$ ssippi Dept. of Revenue: \$ r/: \$ #ESTIC SUPPORT OBLIGATION	a		า า
	「PETITION OBLIGATION: Ir e paid □ direct, □ through			ning
PRE-I	· – –	the total amount of \$ per month beginning	through	which shall be paid in
sched		ction by a party in interes	st, the plan will be amend	aid through the plan shall be ed consistent with the proof of ment proposed herein.
Mtg p	omts to	Beginning	@ \$	Plan Direct
Mtg p	omts to	Beginning	@ \$	Plan Direct
Mtg p	omts to	Beginning	@ \$	Plan Direct
Mta	arroars to	Through	¢	@ \$ /ma
Mta a	arrears to	11110ug11 Through		@ \$/mo @ \$/mo
Mta a	arrears to	Through	\$	@ \$/mo
		oint Debtor's Initials		Plan, Page 1 of <u>3</u>

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Debtor's Initials _____ Joint Debtor's Initials _____

Creditor: Citi Mortgage Property Address: 4676 High	Approx	amt. du	e: \$24,3	862.00	Int. Rat	e:12
Property Address: 4070 riigh	way 4 L., Hony Opin	igs, ivit	ire relateu taxes	s anu/or msura	ince escrov	/edres [v]No
Creditor:	Approx	amt. du	e:		Int. Rat	e:
Property Address:		<i>P</i>	ire related taxes	s and/or insura	ince escrov	/ed L_Yes L_No
NON-MORTGAGE SECURI lien(s) pursuant to 11 U.S. bankruptcy law or discharge to other order of the Court. claim.	C. § 1325(a)(5)(B) . Such creditors sh	(i)(I) un all be pa claim no	atil the paymer id as secured cl ot paid as secur	nt of the debtaimants the su	determine um set out eated as a	ed as under non- below or pursuant general unsecured
CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
* The column for "910 CLM" ap of 11 U.S.C. § 1325	oplies to both motor v	ehicles ar	nd "any other thir	ng of value" as i	used in the '	'hanging paragraph"
SPECIAL CLAIMANTS incl by Debtor, etc. For all aban proposal is for payment, cred	doned collateral De	btor will	pay \$0.00 on t	he secured po	rtion of the	
CREDITOR'S NAME	COLLATERAL		APPROX. A	MT. OWED	PROPOS	SED TREATMENT
STUDENT LOANS which a follows (such debts shall not CREDITOR'S NAME	be included in the	general u	insecured total)	:		nd 1328(c) are as SED TREATMENT
SPECIAL PROVISIONS which will be seen to be		ny or all	payments to b	e paid througl	the plan,	including, but not
GENERAL UNSECURED CL and not disallowed to receive total distribution of \$ general unsecured claims	re payment as follow	ws: with the	IN FULL (10 Trustee to det	0%), <u> </u>	_%(percen rcentage di	t) MINIMUM, or a stribution. <i>Those</i>

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Total attorney fee charged:	\$	3,000.00				
Attorney fee previously paid:	\$	220.00				
Attorney fee to be paid in plan:	\$	2,780.00				
The payment of administrative and/or local rules.	costs a	and aforementioned	l attoi	rney fees	are t	o be paid pursuant to Court orde
Automobile Insurance Co/Agent				Attorney Jimmy E		ebtor (Name/Address/Phone/Email) roy
				3780 S. I	Mende	nhall Road
				Memphi	s, TN 3	8115
Telephone/Fax:				Telephor	ne No.	901-363-7283
				Facsimile		
				Email ad	dress	mcelroylawms@hotmail.com
DATED: 12/17/13		_ DEBTOR'S SIGNAT	TURE	_	/s/ Eln	nira Strickland
		JOINT DEBTOR'S S	SIGNA	ATURE		
			- · - · • •			
		ATTORNEY'S SIGN	IATUR	RE .	/s/ Jin	nmy E. McElroy

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Effective: October 1, 2011